

PROFORMA a1

Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2022.

Certified that _____

Son / daughter of _____ is a resident/permanent resident of West Bengal at Village/House No. _____

Street _____

Post Office _____ Police Station _____

In the District of _____ under _____

Assembly Constituency and has been living in the State of West Bengal continuously / uninterruptedly at least for the last ten (10) years as on 31-12-2022.

Paste 4 cmx3
cm size recent
colour
photograph in
this box. Photo
must be attested
by the certifying
authority

Candidate's signature

Candidate must sign here in front of the certifying authority

(Candidate's

Signature of Certifying Authority _____

Full Name of Certifying Authority (Block letters) _____

Designation with Official Seal _____

Office Address _____

Office Phone No. _____ Mobile No: _____ (optional)

ID No: _____ (optional)

Note: Photograph is to be attested by the certifying authority.

The Certifying Authority should preserve a duplicate copy of this Certificate.

PROFORMA a2

Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least last ten (10) years as on 31.12.2022

Certified that _____ son/daughter of _____ has passed the '10+2' Examination in the year _____/will appear in the Final '10+2' Examination in 2023 from this Institution.

It is also certified that the student is a resident/permanent resident of West Bengal at Village/House No. _____

Street _____ Post Office _____

Police Station _____ in the district of _____ under _____ Assembly Constituency and has been living and studying in the State of West Bengal continuously / uninterruptedly at least for the last ten (10) years as on 31-12-2022.

Paste 4 cm x 3 cm size recent colour photograph in this box. Photo must be attested by the certifying authority

Candidate's signature

Candidate's must sign here in front of the certifying authority

(Candidate's photograph)

Signature of Certifying Authority _____

Full Name of Certifying Authority (Block Letter) _____

Designation with Official Seal _____

Office Address _____

Office Phone No. _____ Mobile No: _____ (optional)

ID No: _____ (optional)

Note: Photograph is to be attested by the certifying authority.

The Certifying Authority may preserve a duplicate copy of this Certificate as record.

APPENDIX -3

PROFORMA- 2
for
Medical Fitness Certificate for
ANM (R) &GNM courses

Candidate's
photograph,
attested by the
Medical
Practitioner

(A) Personal information:

1. Candidate's name (in BLOCK letters): _____

2. Father's /Guardian's name: _____

3. Date of birth: _____

4. Present address: _____

5. Permanent address: _____

(B) History of illness:

1. Past and present illness:

2. Family history:

(C) Physical examination:

1. Height:
2. Physical built:
3. Deformity:
4. Posture and gait:
5. Condition of skin and mucous membrane:
6. Teeth and gum
7. Hearing:
8. Mental alertness:
9. Blood pressure
10. Pulse and respiration
11. Urine test for Albumin and Sugar:
12. Blood test for TC, DC, ESR and Hb%:
13. Vision: Right eye: Left eye:
14. Heart:
15. Lung (X-ray chest):
16. Abdomen (Liver and Spleen)
17. Menstrual History (For female candidates):

(D) "I hereby certify that I have examined Mr./Ms. _____, a candidate for ANM(R)/GNM training course and I couldn't discover that he/she has any disease (communicable or otherwise), constitutional weakness or bodily infirmity, except _____. I do not consider this a disqualification for the said training.

According to the statement of Mr./ Ms. _____, he/ she is _____year old and by appearance he/ she is about _____year old".

In view of the above findings, the candidate is

a) FIT OR

b) Unfit on account of _____ OR

c) Temporarily unfit on account of _____

Full signature of the candidate with date

Place:

Signature of the Medical Practitioner

Proformas for certificates ANM & GNM 2023

Date:

Name:

Degree:

Registration No.

Official seal:

APPENDIX -4

Certificate regarding physical limitation in a examinee to write

This is to certify that, I have examined Mr/Ms/Mrs_____ (name of the candidate with disability), a person with _____ (nature and percentage of disability as mentioned in the certificate of disability), S/o/ D/o _____ a resident of _____ (Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Medical Superintendent of a Government health care institution

Name & Designation:

Name of Government Hospital/Health Care Centre with Seal:

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream/disability (e.g., Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/ PMR)

Letter of Undertaking for Using Own Scribe

I _____, a
candidate with _____
(name of the disability) appearing for the _____
(name of the examination) bearing Roll No. _____
at _____ (name
of the centre) in the District _____, _____ (name
of the State). My qualification is _____.

I do hereby state that _____
(name of the scribe) will provide the service of scribe/reader/lab assistant for the
undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is _____.
In case, subsequently it is found that his qualification is not as declared by the undersigned
and is beyond my qualification, I shall forfeit my right to the admission and claims relating
thereto.

(Signature of the candidate with Disability)

Place:

Date: